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**Executive Office of Public Safety and Security
Electronic Control Weapons (ECWs) Use Quarterly Report**

Agency Name: *Great Barrington Police Dept*

Calendar Year 2014

Individual Completing Report: *Timothy Ullrich*Office Telephone Number: *413 528 0306*Date Submitted: *1/7/15*

Reporting Quarter	Reporting Period	Report Due Date
☐ 1 st Quarter	January 1 st – March 31 st , 2014	April 15 th , 2014
☐ 2 nd Quarter	April 1 st – June 30 th , 2014	July 15 th , 2014
☐ 3 rd Quarter	July 1 st – September 30 th , 2014	October 15 th , 2014
☒ 4 th Quarter	October 1 st – December 31 st , 2014	January 15 th , 2015

Please provide information that reflects use of ECWs *during this quarter only*. **Approved law enforcement agencies are required to submit this form every quarter even if they have not yet purchased the devices, trained their officers, or utilized the weapons.** In this case, please indicate that there were zero (0) incidents in which ECWs were used this quarter.

If you have any questions about this report, please contact Heather West by phone at 617.725.3354 or via email at ECW@massmail.state.ma.us.

Part I. Agency Level Information

1. How many sworn officers were in your department at the end of this quarter?	<i>24</i>
2. How many officers have completed the approved training program for ECWs?	<i>23</i>
3. How many ECWs does your department own?	<i>3</i>
4. In how many incidents was an ECW involved during this quarter? An incident is an event in which an officer issued a warning and/or deployed an ECW.	<i>3</i>

Note: If the response to Question #4 above is 0, submit only this page to EOPSS. If, however, the response is ≥ 1, submit both page 2 and page 4 to EOPSS.

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B: EXAMPLES OF INCIDENT LEVEL INFORMATION:

Incident Number	Weapon Serial Number	Date of Incident	Warning Type	Did Subject Submit?	# of Probe Deployments	Did Subject Submit?	# of Stun Deployments	Did Subject Submit?	Subject's Gender	Subject's Race
1A	XX12345	1/1/14	S	No	0	N/A	2	Yes	M	W
1B	G23456	1/1/14	N/A	N/A	1	Yes	0	N/A	M	W
2	11234DE	2/5/14	V	No	0	N/A	1	No	F	B
3	B23456	3/7/14	V, L, S	No	1	No	3	No	M	A
4	W78514	3/15/14	V	Yes	0	N/A	0	N/A	M	H
5	X225844	3/31/14	N/A	N/A	1	Yes	1	No	M	I

C: CURRENT INCIDENT LEVEL INFORMATION*

Incident Number	Weapon Serial Number	Date of Incident	Warning Type	Did Subject Submit?	# of Probe Deployments	Did Subject Submit?	# of Stun Deployments	Did Subject Submit?	Subject's Gender	Subject's Race
A [REDACTED]	X1300091C	11/1/14	V	Y	N/A	N/A	0	N/A	M	W
B [REDACTED]	X13000996	11/1/14	V	Y	N/A	N/A	0	N/A	M	W
2 [REDACTED]	X13000996	11/23/14	N/A	N/A	N/A	N/A	1	Yes	F	W
3 [REDACTED]	X13000996	12/6/14	N/A	N/A	N/A	N/A	1	Yes	F	W

*If necessary, please insert additional columns.

Part III. Additional Information

If there is any other incident-specific information you would like to report, please use the space below to do so.